



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 7276

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/804,436	03/19/2004	424	1657	068351.0144

**APPLICANTS**  
 Mark B. Lyles, Great Lakes, IL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/456,723 03/21/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
 05/31/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /SATYENDRA K SINGH/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY IL	SHEETS DRAWINGS 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
--	--	---	---------------------------	-------------------------	-----------------------	----------------------------

**ADDRESS**  
 BAKER BOTTS L.L.P.  
 PATENT DEPARTMENT  
 98 SAN JACINTO BLVD., SUITE 1500  
 AUSTIN, TX 78701-4039  
 UNITED STATES

**TITLE**  
 Keratinocyte-fibrocyte concomitant grafting for wound healing

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit